# SAMHSA State/Tribal/Adolescents at Risk Suicide Prevention Grantee Technical Assistance Meeting

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# Why Are We Here?

- In 2004, there were over 15,000 emergency department (ED) visits made by adolescents aged 12 to 17 whose suicide attempts involved drugs.
- Almost three quarters of these drug-related suicide attempts were serious enough to merit the patient's admission to the same hospital or transfer to another health care facility

**Source: Drug Abuse Warning Network (DAWN), 2004**

# Why Are We Here?

- Pain medications were involved in about half of the suicide attempts
- Antidepressants or other psychotherapeutic medications were involved in over 40 percent of the suicide attempts by adolescents who were admitted to the hospital.
  - DAWN data do not distinguish which of the patients had been prescribed antidepressants to treat a preexisting condition.

**Source: Drug Abuse Warning Network (DAWN), 2004**

## ED Visits Involving Drug-Related Suicide Attempts by Adolescents Age 12-17: 2004

| Disposition | Estimated number of ED visits* | Percent of total visits |
|---|---|---|
| **Treated and released** | **3,940** | **26%** |
| Discharged home | 3,037 | |
| Released to police/jail | … | |
| Referred to detox/treatment | 828 | |
| **Admitted to same hospital** | **5,097** | **33%** |
| ICU/critical care | 2,311 | |
| Surgery | … | |
| Chemical dependency/detox | … | |
| Psychiatric unit | 822 | |
| Other inpatient unit | 1,962 | |
| **All other dispositions** | **6,263** | **41%** |
| Transferred | 6,032 | |
| Left against medical advice | … | |
| Died | … | |
| Other | … | |
| **Total** | **15,299** | **100%** |

Note: Three dots (…) indicate that an estimate with and RSE greater than 50% or and estimate less than 30 has been suppressed. *Does not sum to total due to rounding
Source: Office of Applied Studies, SAMHSA, Dawn Network, 2004 (9/2005 update).

# Patients Treated and Released

- On average, 1.9 drugs were involved in suicide attempts of adolescent patient who were treated and released
- Half of these suicide attempts involved at least one pain medication.
- The pain medication containing opiates (i.e. opioid analgesics), such as hydrocodone and oxycodone, were involved in 36 percent of these visits.

**Source: Drug Abuse Warning Network (DAWN), 2004**

# Substances Involved in Adolescent Suicide-Related ED Visits, by Disposition: 2004

| Drug category | Percent of treated and released cases | Percent of admitted to same hospital cases | Percent of transferred to another facility cases |
|---|---|---|---|
| **Any illicit substance (including alcohol)** | **18%** | **16%** | **25%** |
| Alcohol | 13% | 12% | 17% |
| Marijuana | 12% | 5% | 8% |
| **Any psychotherapeutic medication** | **38%** | **43%** | **29%** |
| Antidepressants | 28% | 27% | 12% |
| Antipsychotics | 3% | 6% | 6% |
| Anti-anxiety agents, sedatives, and hypnotics | 12% | 9% | 12% |
| **Any pain medication** | **51%** | **55%** | **52%** |
| Opioid analgesics | 36% | 24% | 8% |
| Nonsteroidal anti-inflammatory drugs (NSAIDs) | 29% | 19% | 21% |
| Aspirin/combinations | 8% | 10% | 11% |
| Acetaminophen/combinations | 17% | 32% | 18% |

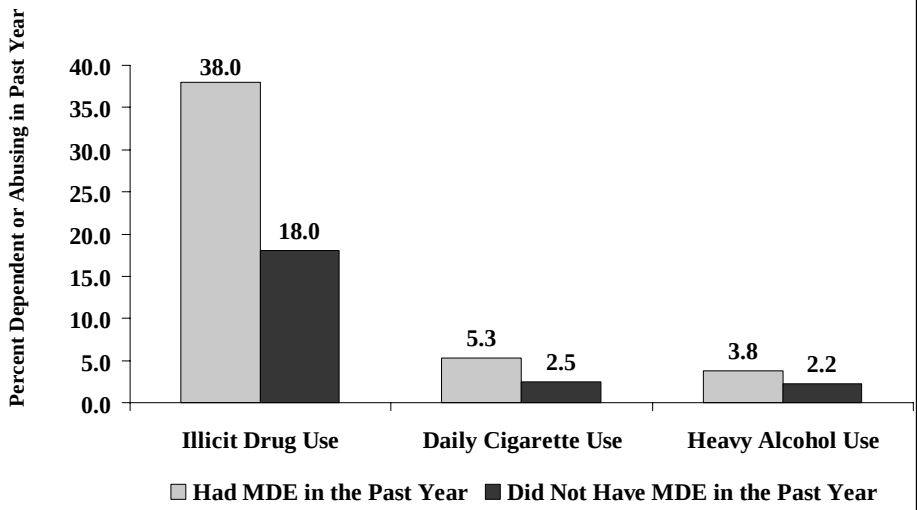
Source: Office of Applied Studies, SAMHSA, DAWN, 2004 (9/2005 update).

## Risk Factors for Suicide and Substance Abuse

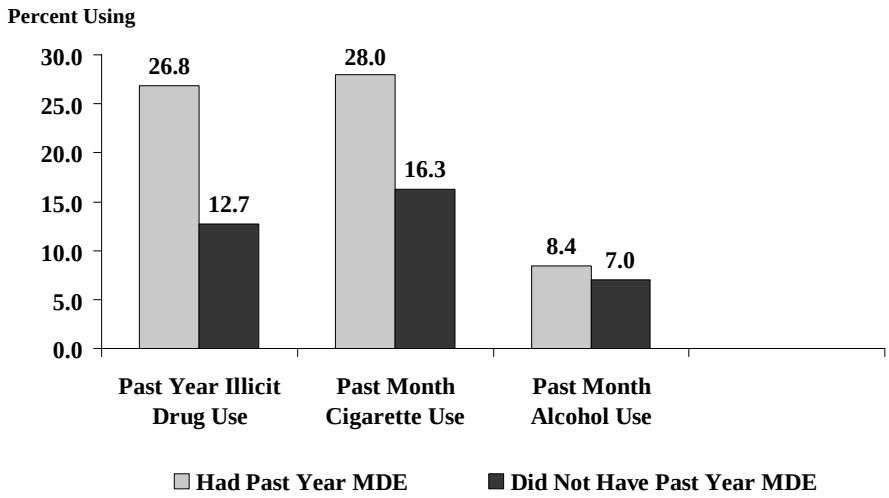
- Mental illness and/or substance use disorder
- Hopelessness, impulsivity, low self-esteem
- Previous suicide attempt(s)
- Social withdrawal
- Aggressive tendencies or history of violent behavior
- History of trauma or abuse

Source: Prevention Resource Center, Suicide Prevention: Community Core Competencies (2006)

## Substance Use among Youths Aged 12 to 17 by MDE in the Past Year: 2005

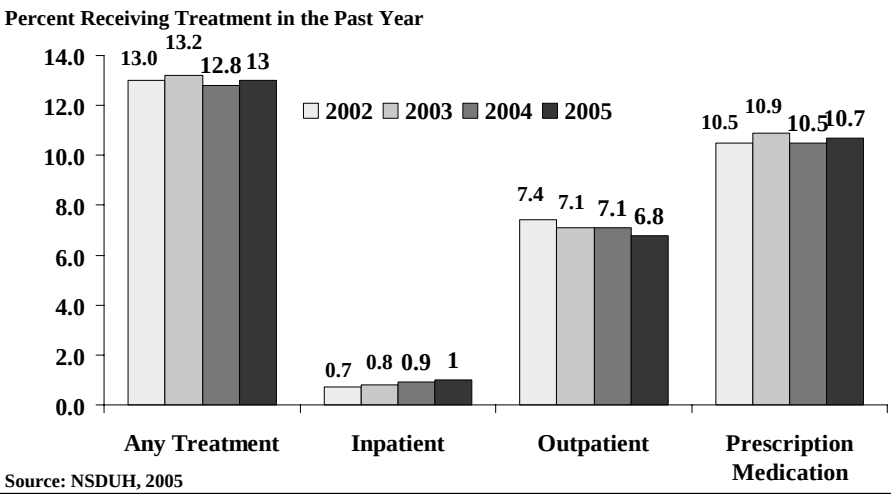


# Substance Use among Adults Aged 18 or Older, by MDE: 2005



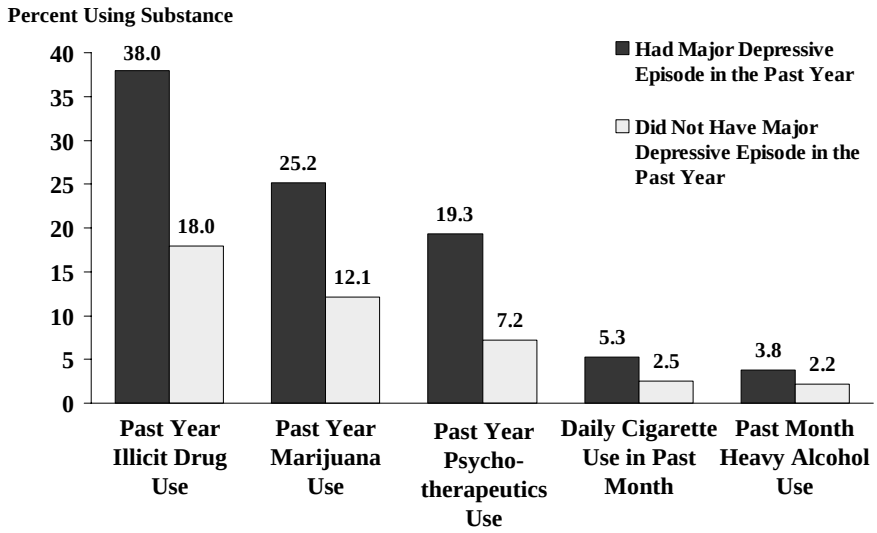

Source: NSDUH, 2005

# Treatment for Mental Health Problems among Adults Aged 18 or Older, by Type of Treatment: 2002-2005

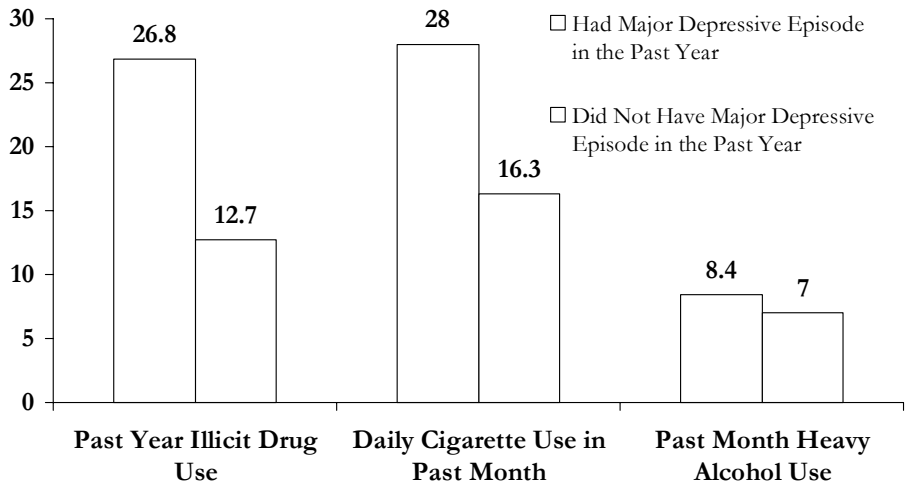



Source: NSDUH, 2005

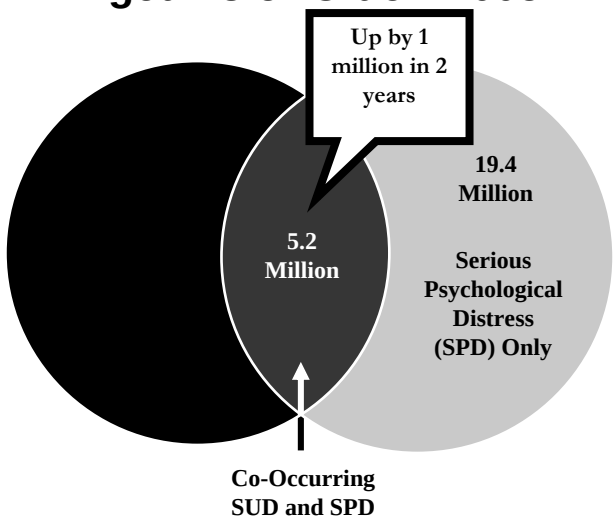
## Substance Use among Youths Aged 12 to 17, by Major Depressive Episode in the Past Year: 2005



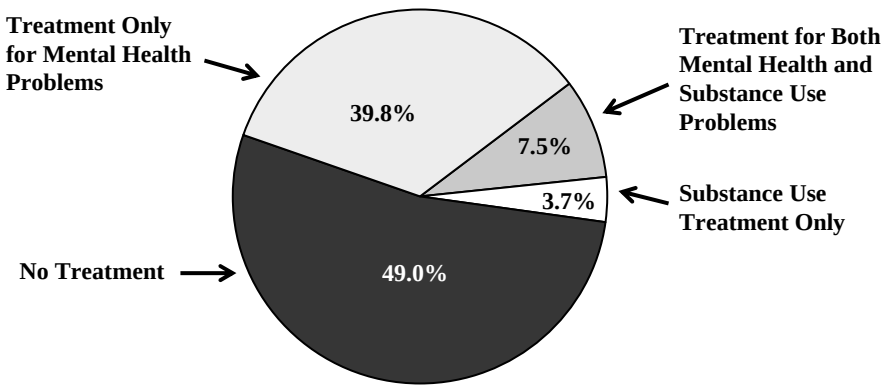

## Substance Use among Adults Aged 18 or Older, by Major Depressive Episode in the Past Year: 2005



## Co-Occurrence of SPD and Substance Use Disorder in the Past Year among Adults Aged 18 or Older: 2005

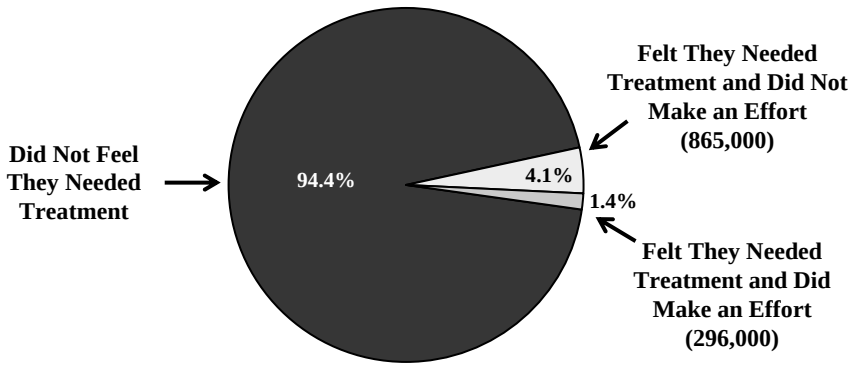



## Past Year Treatment among Adults Aged 18 or Older with Co-Occurring SMI and a Substance Use Disorder: 2005



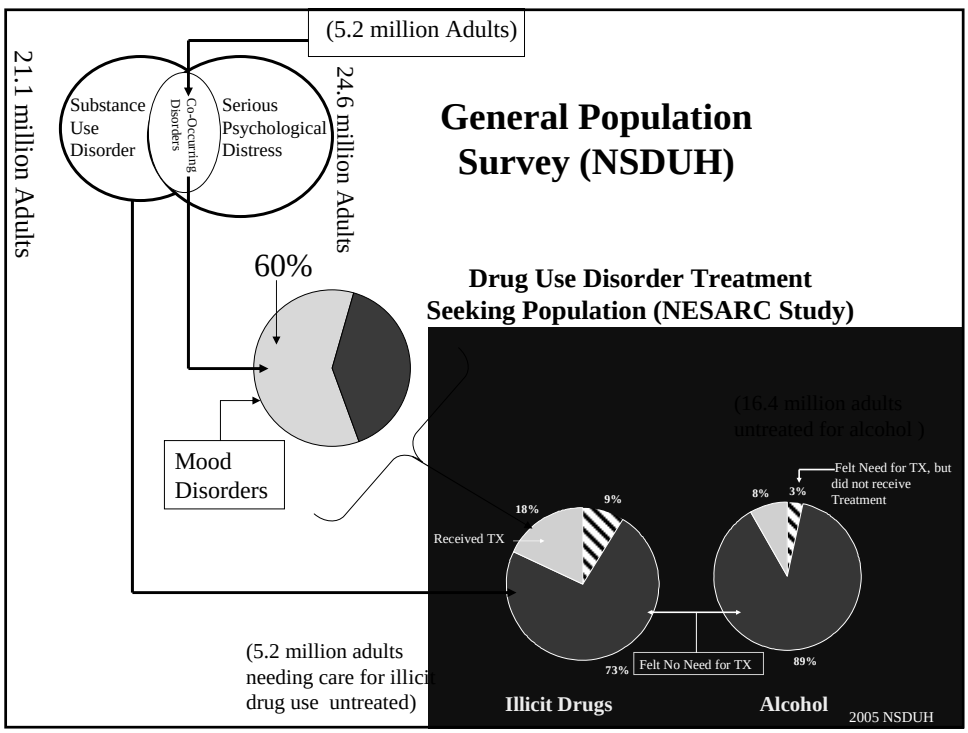

4.2 Million Adults with Co-Occurring SMI and Substance Use Disorder

## Past Year Perceived Need for and Effort Made to Receive Specialty Treatment among Persons Aged 12+ Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use: 2005

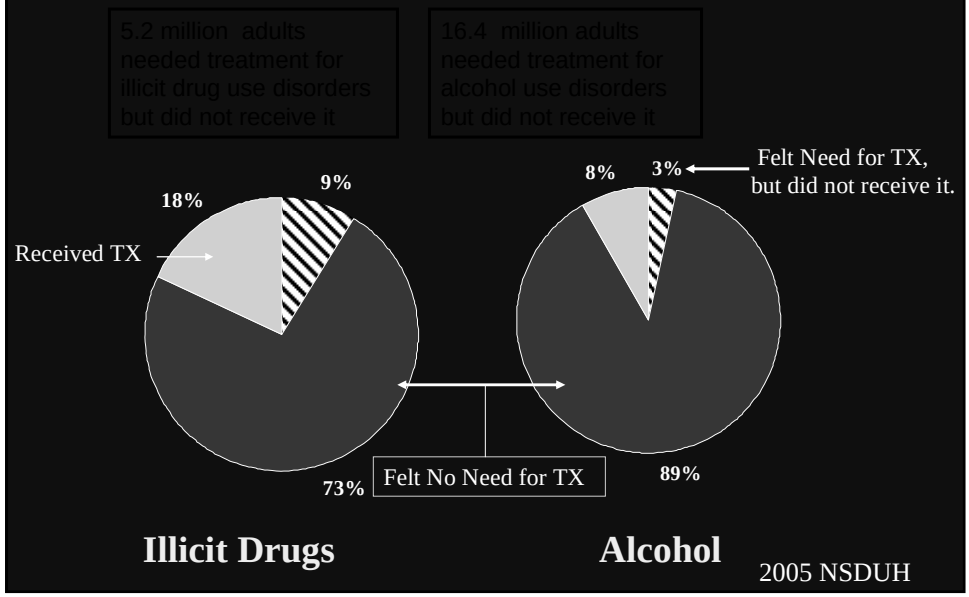



**20.9 Million Needing But Not Receiving Treatment for Illicit Drug or Alcohol Use**

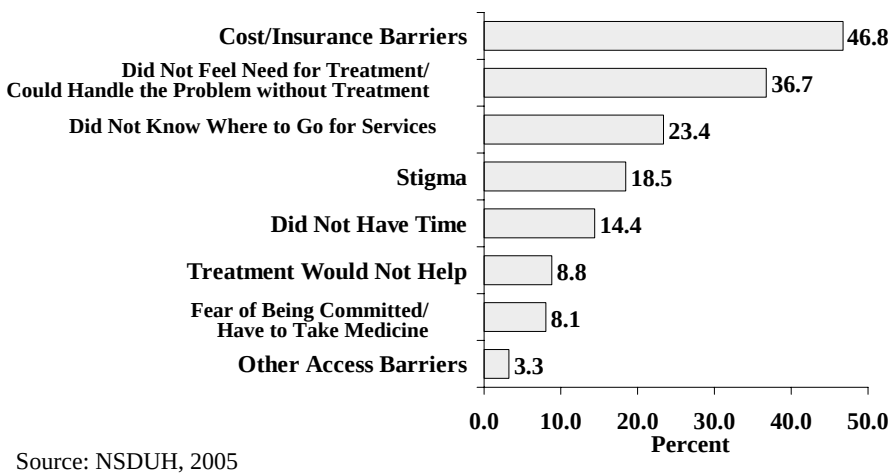
**Note: Due to rounding, these percentages do not add to 100 percent.**



**Only an estimated 1.1 million adults received treatment for illicit drug use disorders and 1.5 million adults received treatment for alcohol use disorders in 2005**

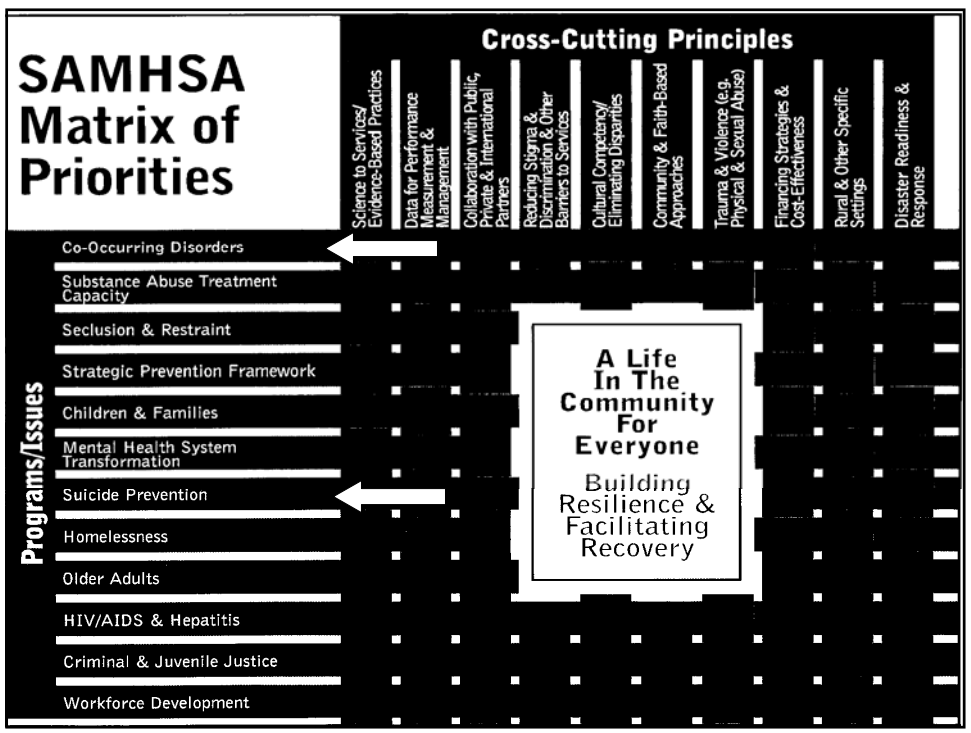



## Reasons for Not Receiving Treatment in the Past Year among Persons Aged 18 or Older with an Unmet Need for Treatment: 2005

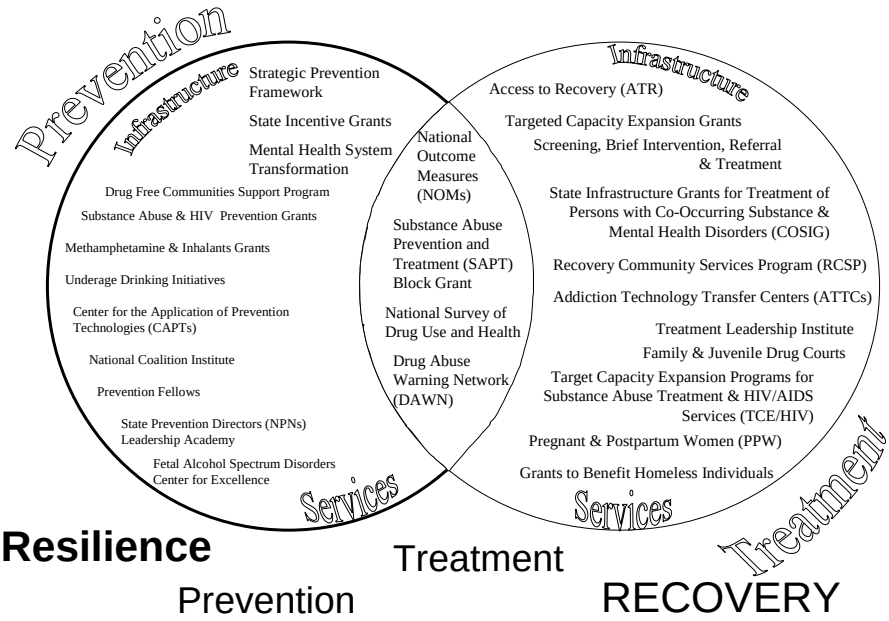



Source: NSDUH, 2005

Intervention is Necessary



## SAMHSA: Building the Nation's Demand Reduction Infrastructure




## Protective Factors for Suicide and Substance Abuse

- Resiliency, self-esteem, direction, perseverance
- Coping and problem-solving skills
- Cultural and religious beliefs that discourage suicide

Source: Prevention Resource Center, Suicide Prevention: Community Core Competencies (2006)


## Partners for Recovery

- People in Recovery
- Substance Abuse Treatment Capacity
- Strategic Prevention Framework
- Mental Health System Transformation
- Primary healthcare
- Child welfare
- Criminal & Juvenile justice system
- Housing
- Education
- Business
- Labor
- Community & Faith-based organizations

## Community Outreach

- Enlisting the vectors of values in a community to promote interventions and to facilitate Recovery
  - Community Based Organizations
  - Faith Based Organizations
  - Self Help Groups
  - Families
  - Employers/Business/Labor
  - Recovery Community/Peer Support
  - Law Enforcement
  - Child Welfare

## Implications for the Substance Abuse Treatment Community

- Given the high prevalence of co-occurring mood and anxiety disorders among treatment seeking clients, it is clear that the substance abuse treatment community must be able to assess, diagnose and treat those conditions.
  - Treatment strategies must be developed to accommodate different modalities of intervention such as medications, cognitive behavioral strategies and other strategies
  - Without a clear entry assessment of co-occurring conditions proper care and treatment cannot be rendered

## Implications for the Mental Health Treatment Community

- Approximately 7% of individuals with a mood disorder have a co-occurring drug use disorder
- Approximately 8% of individuals with a mood disorder who present for treatment for that mood disorder also have a drug use disorder
- This is about 4 times the general 12-month prevalence rate for drug use disorders.

## Implications for the Mental Health Treatment Community

- Approximately 17.3% of individuals with a mood disorder have a co-occurring alcohol use disorder
- Approximately 17. 5% of individuals with a mood disorder who present for treatment for that mood disorder also have an alcohol use disorder
- This is about twice the general 12-month prevalence rate for alcohol use disorders

## Approaches to Reaching the Untreated Patient

- Address State laws that translate “serious emotional illness” into “serious and persistent emotional illness”
  - Thus, limiting access for those with milder forms of mental illness.
- Promote screening and brief intervention for those suffering from substance use disorders
  - Thus, reaching those with both mild mental illness and substance use disorders BEFORE conditions grow more severe

## Seek Answers

How do we increase treatment seeking behavior among those with substance use disorders?

What can be done to strengthen the system to accommodate the increased demand?

***There is no single road to Recovery. No absolute path. Each person must identify that which works.***

***Some roads are paved, some are rough, and others are ill defined.***

***No matter.***

***Recovery works, but the burden rests on the individual, the family, the community, and or the tribe.***